



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 98302
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12 / 4 / 12 Month Day Year		Time Sample Collected 9:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO 108			
Contact Person: JEFF BECKER			
Day Phone: (360) 681-4602		Cell Phone: () ()	
Eve. Phone: () ()		FAX: () ()	
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382			
SAMPLE INFORMATION			
Sample collected by (name): JEFF BECKER			
Specific location where sample collected: CA-05 MAIN BAR SINK		Special instructions or comments: BILL TO TRIBE	
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 0.3 Free 0.4		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>Public systems must provide source number from WFI</small>			
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____			
LAB USE ONLY DRINKING WATER RESULTS		LAB USE ONLY	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory	
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Improper Container			
<div style="border: 2px solid red; padding: 10px; display: inline-block;">RECEIVED DEC - 7 2012 <small>U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS</small></div>			
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.			
Method Code: MICR- 2720		Date and Time Received: 12/4/12 10:30	
Date Analyzed: 12-4-12		Date Reported: 12-5-12	
Sample Number (DOH number plus five digits) 092- 2 3 1 6 6		Lab Use Only: BP	



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 98302
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12/4/12 Month Day Year		Time Sample Collected 9:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC							
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 108 System Name: 7 CEDARS CASINO							
Contact Person: JEFF BECKER							
Day Phone: (360) 681-4602			Cell Phone: ()				
Eve. Phone: ()			FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382							
SAMPLE INFORMATION							
Sample collected by (name): JEFF BECKER							
Specific location where sample collected: CA-03 MAIN KITCHEN SINK			Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)							
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total .03 Free .04		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____					
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S					
S							
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____							
LAB USE ONLY		DRINKING WATER RESULTS		LAB USE ONLY			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory					
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture <input type="checkbox"/>							
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.							
Method Code: MICR- 2720		Date and Time Received: 12/4/12 10:30					
Date Analyzed: 12-4-12		Date Reported: 12-5-12					
Sample Number (DOH number plus five digits) 092-23165		Lab Use Only: omw					



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11 16 12 Month Day Year		Time Sample Collected 10:05 <input type="checkbox"/> AM <input type="checkbox"/> PM		County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC							
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 7 H 3 8 2 6 System Name: 7 CEDARS CASINO 108							
Contact Person: JEFF BECKER							
Day Phone: () 681-4602			Cell Phone: ()				
Eve. Phone: ()			FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382							
SAMPLE INFORMATION							
Sample collected by (name): RICH CAMPORINI							
Specific location where sample collected: CA-05 MAIN BAR SINK			Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)							
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 23 Free 04		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____					
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S					
S							
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____							
LAB USE ONLY		DRINKING WATER RESULTS		LAB USE ONLY			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent			<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____							
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.							
Method Code: MICR- 2720			Date and Time Received: 11/6/12 11:25 AM				
Date Analyzed: 11-6-12			Date Reported: 11-7-12				
Sample Number (DOH number plus five digits) 092- 22979			Lab Use Only: AWP				



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/6/12 Month Day Year	Time Sample Collected 9:52 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6		
System Name: 7 CEPARS CASINO		
Contact Person: JEFF BECKER		
Day Phone: () 681-4602		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382		

SAMPLE INFORMATION

Sample collected by (name): RICH CAMPORINI	
Specific location where sample collected: CA-03 MAIN KITCHEN SINK	Special instructions or comments: BILL TO TRIBE

Type of Sample (must check only one box of #1 through #4 listed below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total .03 Free .04	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____			
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI	S			
S				

4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____
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LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory

Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Improper Container	
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Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.
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Method Code: MICR- 2720	Date and Time Received: 11/6/12 11:25am
Date Analyzed: 11-6-12	Date Reported: 11-7-12
Sample Number (DOH number plus five digits) 092- 22780	Lab Use Only: BWS



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10 / 2 / 12 Month Day Year		Time Sample Collected 9 : 4 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO 108						
Contact Person: JEFF BECKER						
Day Phone: (360) 481-4602		Cell Phone: ()				
Eve. Phone: ()		FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA, 98382						
SAMPLE INFORMATION						
Sample collected by (name): JEFF BECKER						
Specific location where sample collected: CA-03 MAIN KITCHEN SINK		Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 03 Free 04		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S				
S						
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____						
LAB USE ONLY		LAB USE ONLY				
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		RECEIVED OCT 10 2012				
Bacterial Density Results: Plate Count _____ /ml		E.coli _____ /100ml				
Total Coliform _____ /100ml		Fecal Coliform _____ /100ml				
Method Code: MICR- 2720		Date and Time Received: 10/2/12 10:46				
Date Analyzed: 10-2-12		Date Reported: 10-3-12				
Sample Number (DOH number plus five digits) 092- 22 630		Lab Use Only: BMP				



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/2/12 Month Day Year		Time Sample Collected 9:21 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NITNC						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I 4 3 8 2 6						
System Name: 7 CEDARS CASINO						
Contact Person: JEFF BECKER						
Day Phone: (360) 681-4602		Cell Phone: ()				
Eve. Phone: ()		FAX: ()				
Send results to: (Print full name, address and zip code)* JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA, 98382						
SAMPLE INFORMATION						
Sample collected by (name): JEFF BECKER						
Specific location where sample collected: CA-05 MAIN BAR SINK		Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 0.3 Free 0.4		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S				
S						
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____						
LAB USE ONLY		DRINKING WATER RESULTS	LAB USE ONLY			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		OCT 10 2012				
Bacterial Density Results: Plate Count _____ /ml, E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.						
Method Code: MICR- 2720		Date and Time Received: 10/2/12 10:46				
Date Analyzed: 10-2-12		Date Reported: 10-3-12				
Sample Number (DOH number plus five digits) 092- 22 63 1		Lab Use Only: BMP				



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223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 9/5/12 Month Day Year		Time Sample Collected 8:43 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC							
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6							
System Name: 7 CEDARS CASINO							
Contact Person: JEFF BECKER							
Day Phone: () 681-4602			Cell Phone: ()				
Eve. Phone: ()			FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382							
SAMPLE INFORMATION							
Sample collected by (name): JEFF BECKER							
Specific location where sample collected: CA-03 MAIN KITCHEN SERVICE SINK			Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)							
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total .02 Free .04		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____					
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S					
S							
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____							
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY							
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory					
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture SEP 10 2012							
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.							
Method Code: MICR- 2720		Date and Time Received: 9/5/12 10:10					
Date Analyzed: 9-5-12		Date Reported: 9-6-12					
Sample Number (DOH number plus five digits) 092- 224116		Lab Use Only: BMP					



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223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 9/5/12 Month Day Year		Time Sample Collected 8:37 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 108						
System Name: 7 CEDARS CASINO						
Contact Person: JEFF BECKER						
Day Phone: () 681-4602		Cell Phone: ()				
Eve. Phone: ()		FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382						
SAMPLE INFORMATION						
Sample collected by (name): JEFF BECKER						
Specific location where sample collected: PA-05 CASINO BAR main BAR sink		Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total .02 Free .04		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S				
S						
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____						
LAB USE ONLY		DRINKING WATER RESULTS	LAB USE ONLY			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture						
RECEIVED SEP 10 2012 U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS						
Bacterial Density Results: Plate Count _____ /ml E. coli _____ /100ml. Total Coliform _____ /100ml.		Fecal Coliform _____ /100ml.				
Method Code: MICR- 2720		Date and Time Received: 9/5/12 10:10				
Date Analyzed: 9-5-12		Date Reported: 9-6-12				
Sample Number (DOH number plus five digits) 092- 22414		Lab Use Only:				



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8 / 7 / 12 Month Day Year		Time Sample Collected 9:53 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		County CLALLAM
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTMC				
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO 108				
Contact Person: JEFF BECKER				
Day Phone: () 681-4602			Cell Phone: ()	
Eve. Phone: ()			FAX: ()	
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEANIM WA 98382				
SAMPLE INFORMATION				
Sample collected by (name): JEFF BECKER				
Specific location where sample collected: CA-05 main BAR Sink			Special instructions or comments: BILL TO TRIBE	
Type of Sample (must check only one box of #1 through #4 listed below)				
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 02 Free 03		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____		
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>Public systems must provide source number from WFI</small>				
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____				
LAB USE ONLY		DRINKING WATER RESULTS		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory		
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		<div style="border: 2px solid red; padding: 10px; display: inline-block;">RECEIVED AUG 13 2012</div>		
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.				
Method Code: MICR- 2720		Date and Time Received: 8/7/12 11:30 a.m.		
Date Analyzed: 8-9-12		Date Reported: 8-8-12		
Sample Number (DOH number plus five digits) 092- 2 2 1 0 4		Lab Use Only: 108		



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8 / 7 / 12 Month Day Year	Time Sample Collected 10 : 07 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
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Type of Water System (check only one box)

☐ Group A

☐ Group B

☒ Other **NTNC**

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name:

7 CEDARS CASINO

Contact Person: **JEFF BECKER**

Day Phone: () **681-4602**

Cell Phone: ()

Eve. Phone: ()

FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE

1033 OLD Blyn Hiway

SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name):

JEFF BECKER

Specific location where sample collected:

CA-03 MAIN KITCHEN
Sink

Special instructions or comments:

BILL TO TRIBE

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Chlorinated: Yes ☒ No ☐

Chlorine Residual: Total **.02** Free **.03**

3. Raw Water Source Sample

☐ E. coli GWR source sample

☐ Fecal Surface, GWI, some springs

☐ Other

S

Public systems must provide source number from WFI

2. Repeat Sample (after unsat. routine)

☐ Distribution System

☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number: _____

Unsatisfactory routine collect date: _____

Chlorinated: Yes ☐ No ☐

Chlorine Residual: Total ☐ Free ☐

4. ☐ Sample Collected for Information Only

Investigative ☐

Construction / Repairs ☐

Other ☐

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and

☒ Satisfactory

☐ E. coli present

☐ E. coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

Replacement Sample Required:

☐ Sample too old (>30 hours)

☐ TNTC

☐ Improper Container

☐ Turbid culture

Bacterial Density Results: Plate Count

/ml. **E. coli** /100ml.

Total Coliform ☐ /100ml.

Fecal Coliform ☐ /100ml.

Method Code:

MICR- 2720

Date and Time Received: **8/7/12 11:30 a.m.**

Date Analyzed: **8-7-12**

Date Reported: **8-8-12**

Sample Number (DOH number plus five digits)

092- 2 2 1 0 8

Lab Use Only: **BMP**



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 7/10/12 Month Day Year		Time Sample Collected 9:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTN/C						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO 108						
Contact Person: JEFF BECKER						
Day Phone: () 681-4602		Cell Phone: ()				
Eve. Phone: ()		FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLA Blyn H'way SEQUIM WA 98382						
SAMPLE INFORMATION						
Sample collected by (name): JEFF BECKER						
Specific location where sample collected: CA-03 MAIN KITCHEN SINK		Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 0.3 Free 0.5		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S				
S						
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____						
LAB USE ONLY		LAB USE ONLY				
DRINKING WATER RESULTS						
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		JUL 17 2012				
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.						
Method Code: MICR- 2720		Date and Time Received: 7/10/12 11:20 a.m.				
Date Analyzed: 7-10-12		Date Reported: 7-11-12				
Sample Number (DOH number plus five digits) 092- 2 1 7 4 5		Lab Use Only: BM				



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 7/10/12 Month Day Year		Time Sample Collected 9:28 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6						
System Name: 7 CEDARS CASINO						
Contact Person: JEFF BECKER						
Day Phone: () 681-4602		Cell Phone: ()				
Eve. Phone: ()		FAX: ()				
Send results to: (Print full name, address and zip code), JAMESTOWN TRIBE 1033 OLD BLYN HWY SEQUIM WA 98382						
SAMPLE INFORMATION						
Sample collected by (name): JEFF BECKER						
Specific location where sample collected: CA-05 main BAR SINK		Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total, 03 Free, 05		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S				
S						
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____						
LAB USE ONLY		LAB USE ONLY				
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		RECEIVED JUL 17 2012 U.S. EPA REGION 10 OFFICE OF E. coli MONITORING AND WATERSHEDS				
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.						
Method Code: MICR- 2720		Date and Time Received: 7/10/12 11:20 a.m.				
Date Analyzed: 7-10-12		Date Reported: 7-11-12				
Sample Number (DOH number plus five digits) 092- 2 1 7 4 6		Lab Use Only: BMW				



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 6 15 11 2 Month Day Year		Time Sample Collected 9 : 18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other WTRVC							
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6							
System Name: 7 CEDARS CASINO 168							
Contact Person: JEFF BECKER							
Day Phone: () 681-4602			Cell Phone: ()				
Eve. Phone: ()			FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD BLYN HWY SEQUIM WA 98382							
SAMPLE INFORMATION							
Sample collected by (name): JEFF BECKER							
Specific location where sample collected: CA-05 main BAR SINK			Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)							
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 02 Free 03		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____					
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S					
S							
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____							
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY							
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory					
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> JUN 11 2012 <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture							
Bacterial Density Results: Plate Count Total Coliform _____/100ml. Fecal Coliform _____/100ml.							
Method Code: MICR- 2720		Date and Time Received: 6/5/12 10:52a					
Date Analyzed: 6-5-12		Date Reported: 6-6-12					
Sample Number (DOH number plus five digits) 092- 21379		Lab Use Only: BP					



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 6/5/12 Month Day Year	Time Sample Collected 9:10 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
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Type of Water System (check only one box)
☐ Group A ☐ Group B ☒ Other **NTNC**

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):
ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **JEFF BECKER**

Day Phone: () **681-4602** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)
JAMESTOWN TRIBE
1033 OLD Blyn Hiway
SEANIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): **JEFF BECKER**

Specific location where sample collected: CA-03 main kitchen sink	Special instructions or comments: BILL TO TRIBE
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Type of Sample (must check only one box of #1 through #4 listed below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 02 Free 03	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>			
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <small>Public systems must provide source number from WFI</small>	S			
S				

4. ☐ Sample Collected for Information Only
Investigative ☐ Construction / Repairs ☐ Other ☐

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory	

Replacement Sample Required:
☐ Sample too old (>30 hours) ☐ TNTC
☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count _____/ml. E.coli _____/100ml.
Total Coliform _____/100ml. Fecal Coliform _____/100ml.

Method Code: MICR- 2720	Date and Time Received: 6/5/12 10:52am
Date Analyzed: 6-5-12	Date Reported: 6-6-12
Sample Number (DOH number plus five digits) 092- 21380	Lab Use Only: Bugs



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 5 11 12 Month Day Year		Time Sample Collected 9:31 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other NTMC						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO 108						
Contact Person: JEFF BECKER						
Day Phone: () 681-4602		Cell Phone: ()				
Eve. Phone: ()		FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382						
SAMPLE INFORMATION						
Sample collected by (name): JEFF BECKER						
Specific location where sample collected: CA-03 MAIN KITCHEN SINK		Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 02 Free 03		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>				
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S				
S						
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____						
LAB USE ONLY		LAB USE ONLY				
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		<div style="border: 2px solid red; padding: 5px; text-align: center;">RECEIVED MAY - 7 2012</div> <div style="border: 1px solid red; padding: 2px; text-align: center;">U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS</div>				
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.						
Method Code: MICR- 2720		Date and Time Received: 5/1/12 11:07am				
Date Analyzed: 5-1-12		Date Reported: 5-2-12				
Sample Number (DOH number plus five digits) 092- 21 028		Lab Use Only: OMP				

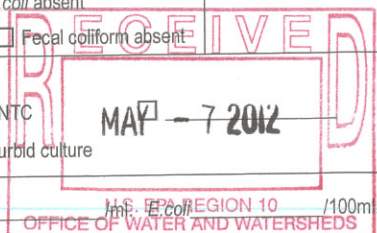


Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 5/1/12 Month Day Year		Time Sample Collected 9:22 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other NTNC			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO 108			
Contact Person: JEFF BECKER			
Day Phone: () 681-4602		Cell Phone: ()	
Eve. Phone: ()		FAX: ()	
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382			
SAMPLE INFORMATION			
Sample collected by (name): JEFF BECKER			
Specific location where sample collected: CA-05 MAIN BAR SINK		Special instructions or comments: BILL TO TRIBE	
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 02 Free 03		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>Public systems must provide source number from WFI</small>			
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____			
LAB USE ONLY		LAB USE ONLY	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory	
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture			
Bacterial Density Results: Plate Count _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.			
Method Code: MICR- 2720		Date and Time Received: 5/1/12 11:07 am	
Date Analyzed: 5-1-12		Date Reported: 5-2-12	
Sample Number (DOH number plus five digits) 092- 21 024		Lab Use Only: BM	

U.S. EPA REGION 10
OFFICE OF WATER AND WATERSHEDS





Clallam County Environmental Health b
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 4/3/12	Time Sample Collected 9:43 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
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Type of Water System (check only one box)

☐ Group A ☐ Group B ☒ Other **NTNC**

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **JEFF BECKER**

Day Phone: () 681-4602	Cell Phone: ()
Eve. Phone: ()	FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE
1033 OLD Blyn Hiway
SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): RICH CAMPORINI	Special instructions or comments: BILL TO TRIBE
Specific location where sample collected: CA-05 MAIN BAR SERVICE SINK	

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Chlorine Residual: Total 02 Free 03</p> <p>3. Raw Water Source Sample</p> <p><input type="checkbox"/> E. coli GWR source sample</p> <p><input type="checkbox"/> Fecal Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <p><small>Public systems must provide source number from WFI</small></p>	<p>2. Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: ____/____/____</p> <p>Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>
--	--

4. ☐ Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

<p>LAB USE ONLY DRINKING WATER RESULTS</p> <p><input type="checkbox"/> Unsatisfactory Total Coliform Present and</p> <p><input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent</p> <p><input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent</p>	<p>LAB USE ONLY</p> <p><input checked="" type="checkbox"/> Satisfactory</p>
---	--

Replacement Sample Required:

☐ Sample too old (>30 hours) ☐ TNTC

☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.	Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.
---	---

Method Code: MICR- 2720	Date and Time Received: 4/3/12 12:08
Date Analyzed: 4-3-12	Date Reported: 4-4-12
Sample Number (DOH number plus five digits) 092- 2 0 8 0 9	Lab Use Only: BMP



Clallam County Environmental Health **b**
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 413112 Month Day Year		Time Sample Collected 9:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTMC							
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO 108							
Contact Person: JEFF BECKER							
Day Phone: () 681-4602			Cell Phone: ()				
Eve. Phone: ()			FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382							
SAMPLE INFORMATION							
Sample collected by (name): RICH CAMPORINI							
Specific location where sample collected: CA-03 MAIN KITCHEN SINK			Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)							
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 02 Free 03		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____					
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S					
S							
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____							
LAB USE ONLY DRINKING WATER RESULTS			LAB USE ONLY				
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent			<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture			RECEIVED APR - 6 2012				
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.							
Method Code: MICR- 2720			Date and Time Received: 4/3/12 12:08				
Date Analyzed: 4-3-12			Date Reported: 4-4-12				
Sample Number (DOH number plus five digits) 092- 2 0 8 0 8			Lab Use Only: 811P				



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 98342
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 3 16 12 Month Day Year	Time Sample Collected 9:14 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO 108		
Contact Person: JEFF BECKER		
Day Phone: () 681-4602		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD BLYN HWY SEQUIM WA 98382		

SAMPLE INFORMATION

Sample collected by (name): Rich Camporini	
Specific location where sample collected: CA-05 MAIN BAR SINK	Special instructions or comments: BILL TO TRIBE

Type of Sample (must check only one box of #1 through #4 listed below)				
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 0.2 Free 0.2	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total _____ Free _____			
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI	S			
S				
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____				

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	
<input checked="" type="checkbox"/> Satisfactory	
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture	
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.	
RECEIVED MAR 12 2012 U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS	
Method Code: MICR- 2720	Date and Time Received: 3-6-12 11:20 AM
Date Analyzed: 3-6-12	Date Reported: 3-7-12
Sample Number (DOH number plus five digits) 092- 20439	Lab Use Only: BML



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 3 16 112 Month Day Year		Time Sample Collected 9:05 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC							
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO 108							
Contact Person: JEFF BECKER							
Day Phone: () 681-4602			Cell Phone: ()				
Eve. Phone: ()			FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382							
SAMPLE INFORMATION							
Sample collected by (name): RICH CAMPORINI							
Specific location where sample collected: CA-03 KITCHEN SINK			Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)							
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 0.2 Free 0.2		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____					
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S					
S							
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____							
LAB USE ONLY		DRINKING WATER RESULTS		LAB USE ONLY			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory					
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		RECEIVED MAR 12 2012 U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS					
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.							
Method Code: MICR- 2720			Date and Time Received: 3-6-12 11:20 AM				
Date Analyzed: 3-6-12			Date Reported: 3-7-12				
Sample Number (DOH number plus five digits) 092- 20638			Lab Use Only: BMF				



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98301
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 2 1 7 1 1 2 Month Day Year		Time Sample Collected 10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO 108						
Contact Person: JEFF BECKER						
Day Phone: (360) 681-4602		Cell Phone: ()				
Eve. Phone: ()		FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 81033 OLD Blyn Hiway SEASIDE WA 98382						
SAMPLE INFORMATION						
Sample collected by (name): RICH CAMPORINI						
Specific location where sample collected: CA-05 MAIN BAR SINK		Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total .03 Free .02		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S				
S						
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____						
LAB USE ONLY		DRINKING WATER RESULTS	LAB USE ONLY			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		RECEIVED FEB 10 2012				
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS				
Method Code: MICR- 2720		Date and Time Received: 2/7/12 12:00				
Date Analyzed: 2-7-12		Date Reported: 2-8-12				
Sample Number (DOH number plus five digits) 092- 20399		Lab Use Only: BWA				



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98361
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 217112 Month Day Year		Time Sample Collected 9:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6			
System Name: 7 CEDARS CASINO			
Contact Person: JEFF BECKER			
Day Phone: (360) 681-4602		Cell Phone: ()	
Eve. Phone: ()		FAX: ()	
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn H'way SEQUIM WA 98382			
SAMPLE INFORMATION			
Sample collected by (name): RICH CAMPORINI			
Specific location where sample collected: CA-03 MAIN KITCHEN SINK		Special instructions or comments: BILL TO TRIBE	
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 03 Free 02		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>Public systems must provide source number from WFI</small>			
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____			
LAB USE ONLY		LAB USE ONLY	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory	
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		<div style="border: 2px solid red; padding: 10px; text-align: center;">RECEIVED FEB 10 2012 <small>U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS</small></div>	
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.			
Method Code: MICR- 2720		Date and Time Received: 2/1/12 2:20	
Date Analyzed: 2-7-12		Date Reported: 2-8-12	
Sample Number (DOH number plus five digits) 092- 20400		Lab Use Only: BWP	



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98300
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

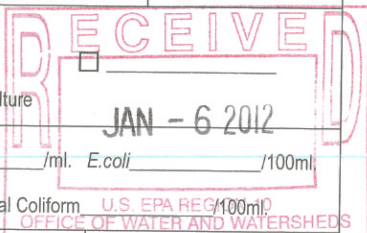
Date Sample Collected 113112 Month Day Year		Time Sample Collected 10:47 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other 11/TNC						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO 108						
Contact Person: JEFF BECKER						
Day Phone: () 681-4602		Cell Phone: ()				
Eve. Phone: ()		FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hwy SEQUIM WA 98382						
SAMPLE INFORMATION						
Sample collected by (name): RICH CAMPORINI						
Specific location where sample collected: CA-05 main BAR SINK		Special instructions or comments: BILL TO TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 02 Free 03		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S				
S						
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____						
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY						
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture						
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.		Fecal Coliform _____ /100ml.				
Total Coliform _____ /100ml.		Date and Time Received: 1-3-12 1:00pm				
Method Code: MICR- 2720		Date Reported: 1-4-12				
Date Analyzed: 1-3-12		Lab Use Only: 10MM				
Sample Number (DOH number plus five digits) 092- 20188						



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98361
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 1 1 3 1 1 2 Month Day Year		Time Sample Collected 10:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other NTNC			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6			
System Name: 7 CEDARS CASINO			
Contact Person: JEFF BECKER			
Day Phone: () 681-4602		Cell Phone: ()	
Eve. Phone: ()		FAX: ()	
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382			
SAMPLE INFORMATION			
Sample collected by (name): RICH CAMPORINI			
Specific location where sample collected: CA-03 main KITCHEN SINK		Special instructions or comments: BILL TO TRIBE	
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 02 Free 03		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other S Public systems must provide source number from WFI			
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____			
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory	
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture			
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.			
Method Code: MICR- 2720		Date and Time Received: 1-3-12 1:00pm	
Date Analyzed: 1-3-12		Date Reported: 1-4-12	
Sample Number (DOH number plus five digits) 092- 20189		Lab Use Only: BMV	





Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 98127
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 12 17 11 Month Day Year		Time Sample Collected 9:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO			
Contact Person: JEFF BECKER			
Day Phone: () 681-4602		Cell Phone: ()	
Eve. Phone: ()		FAX: ()	
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA. 98382			
SAMPLE INFORMATION			
Sample collected by (name): RICH CAMPORINI			
Specific location where sample collected: CA-05 CASINO BAR SERVICE SINK		Special instructions or comments: BILL TO TRIBE	
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 03 Free 02		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total _____ Free _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>Public systems must provide source number from WFI</small>			
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____			
LAB USE ONLY		LAB USE ONLY	
DRINKING WATER RESULTS			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory	
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture <input type="checkbox"/>			
Bacterial Density Results: Plate Count _____ /ml. DEC - 9 2011 /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.			
Method Code: MICR- 2720		Date and Time Received: 12/14/11 12:25	
Date Analyzed: 12-7-11		Date Reported: 12-8-11	
Sample Number (DOH number plus five digits) 092- 20043		Lab Use Only: BM	



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 98127
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected

Time Sample Collected

County

12 / 7 / 11

9 : 35 ☒ AM
☐ PM

CLALLAM

Month Day Year

Type of Water System (check only one box)

☐ Group A

☐ Group B

☒ Other NTNC

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# I H 3 8 2 6

System Name:

7 CEDAR CASINO

108

Contact Person:

JEFF BECKER

Day Phone: ()

681-4602

Cell Phone: ()

Eve. Phone: ()

FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE

1033 OLD Blyn Hiway

SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name):

RICH CAMPORINI

Specific location where sample collected:

CA-03 main KITCHEN
SERVICE SINK

Special instructions or comments:

BILL TO
TRIBE

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Chlorinated: Yes X No

Chlorine Residual: Total 03 Free 02

2. Repeat Sample (after unsat. routine)

☐ Distribution System

☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number:

Unsatisfactory routine collect date:

Chlorinated: Yes No

Chlorine Residual: Total Free

3. Raw Water Source Sample

☐ E. coli GWR source sample

☐ Fecal Surface, GWI, some springs

☐ Other

S

Public systems must provide source number from WFI

4. ☐ Sample Collected for Information Only

Investigative Construction / Repairs Other

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and

☐ E. coli present

☐ E. coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☒ Satisfactory

Replacement Sample Required:

☐ Sample too old (>30 hours)

☐ TNTC

☐ Improper Container

☐ Turbid culture

Bacterial Density Results: Plate Count

/ml. E. coli EPA REGION 10 /100ml.

Total Coliform /100ml.

Fecal Coliform /100ml.

Method Code:

MICR- 2720

Date and Time Received:

12/7/11 12:20

Date Analyzed:

12-7-11

Date Reported: 12-8-11

Sample Number (DOH number plus five digits)

092-20062

Lab Use Only:

BW



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98301
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>11/11/11</u> Month Day Year		Time Sample Collected <u>10:20</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>CLALLAM</u>			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other <u>ANTNC</u>						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 4</u> System Name: <u>7 CEDARS CASINO</u>						
Contact Person: <u>JEFF BECKER</u>						
Day Phone: <u>(360) 681-4602</u>		Cell Phone: () ()				
Eve. Phone: () ()		FAX: () ()				
Send results to: (Print full name, address and zip code) <u>JAMESTOWN TRIBE</u> <u>1033 OLD Blyn Hwy</u> <u>SEQUIM WA 98382</u>						
SAMPLE INFORMATION						
Sample collected by (name): <u>RICH CAMFORINI</u>						
Specific location where sample collected: <u>CAOS MAIN BAR</u> <u>SINK</u>		Special instructions or comments: <u>BILL TO TRIBE</u>				
Type of Sample (must check only one box of #1 through #4 listed below)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <u>0.2</u> Free <u>0.2</u>		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S				
S						
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____						
LAB USE ONLY		LAB USE ONLY				
DRINKING WATER RESULTS						
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		<div style="border: 2px solid red; padding: 5px; text-align: center;">RECEIVED NOV - 4 2011</div>				
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.						
Method Code: MICR- 2720		Date and Time Received: <u>11-1-11 1:00pm</u>				
Date Analyzed: <u>11-1-11</u>		Date Reported: <u>11-2-11</u>				
Sample Number (DOH number plus five digits) 092- 19814		Lab Use Only: <u>OMP</u>				



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 98127
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>11</u> / <u>1</u> / <u>11</u> Month Day Year	Time Sample Collected <u>10</u> : <u>30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>CLALLAM</u>
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other <u>ANTNC</u>		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u> System Name: <u>2 CEDARS CASINO</u> <u>108</u>		
Contact Person: <u>JEFF BECKER</u>		
Day Phone: <u>(360) 681-4602</u>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <u>JAMESTOWN TRIBE</u> <u>1033 OLO Blyn Hiway</u> <u>SEQUIM WA 98382</u>		

SAMPLE INFORMATION

Sample collected by (name): <u>RICH CAMPORINI</u>	
Specific location where sample collected: <u>CA-03 main KITCHEN</u> <u>KITCHEN SINK</u>	Special instructions or comments: <u>BILL TRIBE</u>

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Chlorinated: Yes ☒ No ☐

Chlorine Residual: Total .02 Free .02

3. Raw Water Source Sample

☐ E. coli GWR source sample

☐ Fecal Surface, GWI, some springs

☐ Other

S

Public systems must provide source number from WFI

2. Repeat Sample (after unsat. routine)

☐ Distribution System

☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number:

Unsatisfactory routine collect date:

Chlorinated: Yes ☐ No ☐

Chlorine Residual: Total ☐ Free ☐

4. ☐ Sample Collected for Information Only

Investigative ☐ Construction / Repairs ☐ Other ☐

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and

☐ E. coli present

☐ E. coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☒ Satisfactory

Replacement Sample Required:

☐ Sample too old (>30 hours)

☐ TNTC

☐ Improper Container

☐ Turbid culture

Bacterial Density Results: Plate Count

NOV - 4 2011

/ml. E. coli

/100ml.

Total Coliform ☐ /100ml.

Fecal Coliform ☐ /100ml.

Method Code:

MICR- 2720

Date Analyzed:

11-1-11

Sample Number (DOH number plus five digits)

092- 19817

Date and Time Received:

11-1-11 1:00 pm

Date Reported:

11-2-11

Lab Use Only:

BMP



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10 14 11 Month Day Year		Time Sample Collected 10 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other INTNC			
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6			
System Name: 7 cedars Casino			
Contact Person: Jeff Becker			
Day Phone: () 681-4602		Cell Phone: ()	
Eve. Phone: ()		FAX: ()	
Send results to: (Print full name, address and zip code) James Town Tribe 1033 Old Blyn HWY Sequim WA 98382			
SAMPLE INFORMATION			
Sample collected by (name): Rich Camponini			
Specific location where sample collected: CA-05 Main bar Sink		Special instructions or comments: Bill TO James Town Tribe	
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total _____ Free _____		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>Public systems must provide source number from WFI</small>			
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____			
LAB USE ONLY		DRINKING WATER RESULTS	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present		<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Fecal coliform absent	
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture			
Bacterial Density Results: Plate Count Total Coliform _____ /100ml. Fecal Coliform _____ /100ml. <div style="border: 2px solid red; padding: 5px; display: inline-block; transform: rotate(-2deg); color: red; font-weight: bold;">RECEIVED OCT 13 2011 REGION 10 OFFICE OF WATER AND WATERSHEDS</div>			
Method Code: MICR- 2720		Date and Time Received: 10-4-11 12:20pm	
Date Analyzed: 10-4-11		Date Reported: 10-5-11	
Sample Number (DOH number plus five digits) 092- 19526		Lab Use Only: EW	



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10 14 11 Month Day Year		Time Sample Collected 9:52 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		County Clallam			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC							
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7cedars Casino 108							
Contact Person: Jeff Becker							
Day Phone: () 681-4602			Cell Phone: ()				
Eve. Phone: ()			FAX: ()				
Send results to: (Print full name, address and zip code) James Town tribe 1033 Old Blyn Hwy Sequim WA 98382							
SAMPLE INFORMATION							
Sample collected by (name): Rich Camporini							
Specific location where sample collected: CA-03 Kitchen sink			Special instructions or comments: Bill to James Town Tribe				
Type of Sample (must check only one box of #1 through #4 listed below)							
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>					
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1" style="display: inline-table;"><tr><td style="width: 20px; text-align: center;">S</td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> Public systems must provide source number from WFI		S					
S							
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____							
LAB USE ONLY		DRINKING WATER RESULTS					
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory					
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Improper Container							
Bacterial Density Results: Plate Count <div style="text-align: center;">RECEIVED OCT 13 2011 U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS</div> <table><tr><td>Total Coliform _____/100ml.</td><td>Fecal Coliform _____/100ml.</td></tr></table>					Total Coliform _____/100ml.	Fecal Coliform _____/100ml.	
Total Coliform _____/100ml.	Fecal Coliform _____/100ml.						
Method Code: MICR- 2720		Date and Time Received: 10-4-11 12:20pm					
Date Analyzed: 10-4-11		Date Reported: 10-5-11					
Sample Number (DOH number plus five digits) 092- 19525		Lab Use Only: ASHP					



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 9 1 6 1 1 Month Day Year	Time Sample Collected 9 48 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam
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Type of Water System (check only one box)

☒ Group A **NTNC** ☐ Group B ☐ Other _____

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6** **108**

System Name:

7 cedars Casino

Contact Person:

Jeff Becker

Day Phone: () **681-4602** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)

James Town tribe

1033 Old Blyn Hwy

Sequim WA 98382

SAMPLE INFORMATION

Sample collected by (name):

Rich Camporini

Specific location where sample collected:

CA-05
Main Bar Sink

Special instructions or comments:

Bill To
JamesTown Tribe

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Chlorinated: Yes ☒ No _____

Chlorine Residual: Total _____ Free _____

3. Raw Water Source Sample

☐ E. coli GWR source sample

☐ Fecal Surface, GWI, some springs

☐ Other

S

Public systems must provide source number from WFI

2. Repeat Sample (after unsat. routine)

☐ Distribution System

☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number:

Unsatisfactory routine collect date:

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

4. ☐ Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and

☐ E. coli present

☐ E. coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☒ Satisfactory

Replacement Sample Required:

☐ Sample too old (>30 hours)

☐ TNTC

☐ Improper Container

☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:

MICR- 2720

Date and Time Received:

9-6-11 11:30

Date Analyzed:

9-6-11

Date Reported:

9-7-11

Sample Number (DOH number plus five digits)

092- 1 9 2 6 7

Lab Use Only:

amp



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98361
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>9</u> / <u>16</u> / <u>11</u> Month Day Year	Time Sample Collected <u>9:40</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Clallam</u>
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Type of Water System (check only one box)

☐ Group A ☐ Group B ☒ Other NTNC

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):
ID# I H 3 8 2 6

System Name: 7 Cedar Casino

Contact Person: Jeff Becker

Day Phone: () 681-4602 Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)
Jamestown Tribe
1033 Old Blyn Hwy
Sequim WA 98382

SAMPLE INFORMATION

Sample collected by (name): Rich Camporini

Specific location where sample collected: <u>CA-03 Kitchen Sink</u>	Special instructions or comments: <u>Bill to Jamestown Tribe</u>
--	---

Type of Sample (must check only one box of #1 through #4 listed below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/> 3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <small>Public systems must provide source number from WFI</small>	S			2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>
S				

4. ☐ Sample Collected for Information Only

Investigative ☐ Construction / Repairs ☐ Other ☐

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory	

Replacement Sample Required:

☐ Sample too old (>30 hours) ☐ TNTC ☐ _____
☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR- 2720	Date and Time Received: <u>9-6-11 11:30</u>
Date Analyzed: <u>9-6-11</u>	Date Reported: <u>9-7-11</u>
Sample Number (DOH number plus five digits) 092- 1 9 2 6 8	Lab Use Only: <u>DOH</u>



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 981
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8 / 2 / 11 Month Day Year		Time Sample Collected 10:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		County Clallam
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC				
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 Cedars Casino 108				
Contact Person: Jeff Becker				
Day Phone: () 681-4602			Cell Phone: ()	
Eve. Phone: ()			FAX: ()	
Send results to: (Print full name, address and zip code) Jamestown Tribe 1033 Old Blyn Hwy Sequim WA 98382				
SAMPLE INFORMATION				
Sample collected by (name): Rich Camporini				
Specific location where sample collected: CA-03 Kitchen sink			Special instructions or comments: Bill to Jamestown Tribe	
Type of Sample (must check only one box of #1 through #4 listed below)				
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>		
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>Public systems must provide source number from WFI</small>				
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____				
LAB USE ONLY		DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory		
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		<div style="border: 2px solid red; padding: 10px; text-align: center;">RECEIVED AUG - 5 2011 U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHED</div>		
Bacterial Density Results: Plate Count _____ /100ml				
Total Coliform _____ /100ml.		Fecal Coliform _____ /100ml.		
Method Code: MICR- 2720		Date and Time Received: 8-2-11 1255		
Date Analyzed: 8-2-11		Date Reported: 8-3-11		
Sample Number (DOH number plus five digits) 092- 1 8 8 4 0		Lab Use Only: BMM		



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 983
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/2/11 Month Day Year		Time Sample Collected 10:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam			
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A NTNC <input type="checkbox"/> Group B <input type="checkbox"/> Other _____						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I # 3 8 2 6						
System Name: 7 Cedars Casino						
Contact Person: Jeff Becker						
Day Phone: (360) 681 4602		Cell Phone: ()				
Eve. Phone: ()		FAX: ()				
Send results to: (Print full name, address and zip code) Jamestown Tribe 1033 Old Blyn Hwy Sequim, WA 98382						
SAMPLE INFORMATION						
Sample collected by (name): Rich Campanini		Special instructions or comments:				
Specific location where sample collected: CA-05 main bar sink						
Type of Sample (must check only one box of #1 through #4 listed below)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No _____ Chlorine Residual: Total _____ Free _____		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI		S				
S						
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____						
LAB USE ONLY		DRINKING WATER RESULTS				
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		RECEIVED AUG - 5 2011 U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS				
Bacterial Density Results: Plate Count _____ /ml E. coli _____ /100ml Total Coliform _____ /100ml Fecal Coliform _____ /100ml						
Method Code: MICR- 2720		Date and Time Received: 8-2-11 12:55pm				
Date Analyzed: 8-2-11		Date Reported: 8-3-11				
Sample Number (DOH number plus five digits) 092- 180043		Lab Use Only:				



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 983
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected

7 15 11

Month Day Year

Time Sample Collected

9 55 AM

PM

County

Clallam

Type of Water System (check only one box)

☐ Group A

☐ Group B

☒ Other NTNC

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# I H 3 8 2 6

System Name:

7 cedars Casino

Contact Person:

Jeff Becker

Day Phone: ()

681-4602

Cell Phone: ()

Eve. Phone: ()

FAX: ()

Send results to: (Print full name, address and zip code)

Jamestown Tribe

1033 old Blyh Hwy

Sequim WA 98382

SAMPLE INFORMATION

Sample collected by (name):

Rich Camporini

Specific location where sample collected:

CA-05 Main Bar Sink

Special instructions or comments:

Bill To Jamestown Tribe

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Chlorinated: Yes X No

Chlorine Residual: Total Free

2. Repeat Sample (after unsat. routine)

☐ Distribution System

☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number:

Unsatisfactory routine collect date:

Chlorinated: Yes No

Chlorine Residual: Total Free

3. Raw Water Source Sample

☐ E. coli GWR source sample

☐ Fecal Surface, GWI, some springs

☐ Other

S

Public systems must provide source number from WFI

4. ☐ Sample Collected for Information Only

Investigative Construction / Repairs Other

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and

☐ E. coli present

☐ E. coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☒ Satisfactory

Replacement Sample Required:

☐ Sample too old (>30 hours)

☐ TNTC

☐ Improper Container

☐ Turbid culture

JUL - 8 2011

Bacterial Density Results: Plate Count

/ml. E. coli /100ml.

Total Coliform /100ml.

Fecal Coliform /100ml.

Method Code:

MICR- 2720

Date and Time Received:

7/5/11 1pm

Date Analyzed:

7-5-11

Date Reported:

7-6-11

Sample Number (DOH number plus five digits)

092-

18480

Lab Use Only:

Bmp



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 983
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 7/5/11 Month Day Year	Time Sample Collected 9:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTMC		
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6		
System Name: 7 cedars Casino		
Contact Person: Jeff Becker		
Day Phone: () 681-4602		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) James Town Tribe 1033 Old Blyn Hwy Sequim WA 98382		
SAMPLE INFORMATION		
Sample collected by (name): Rich Camporini		
Specific location where sample collected: CA-03 Kitchen Sink		Special instructions or comments: Bill to Jamestown Tribe
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>Public systems must provide source number from WFI</small>		
4. <input type="checkbox"/> Sample Collected for Information Only Investigative <input type="checkbox"/> Construction / Repairs <input type="checkbox"/> Other <input type="checkbox"/>		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture <input type="checkbox"/>		
Bacterial Density Results: Plate Count Total Coliform _____/100ml. Fecal Coliform _____/100ml.		
Method Code: MICR- 2720		Date and Time Received: 7/5/11 1pm
Date Analyzed: 7-5-11		Date Reported: 7-6-11
Sample Number (DOH number plus five digits) 092-18481		Lab Use Only: ew



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 98126
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 6 1 6 1 1 1 Month Day Year		Time Sample Collected 10:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		County Clallam
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC				
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6				
System Name: 7 Cedars Casino				
Contact Person: Jeff Becker				
Day Phone: () 681-4602			Cell Phone: ()	
Eve. Phone: ()			FAX: ()	
Send results to: (Print full name, address and zip code) Jamestown tribe 1033 Old Blyn Hiway Sequim WA 98382				
SAMPLE INFORMATION				
Sample collected by (name): Rich Camporini				
Specific location where sample collected: CA-05 Main Bar Sink			Special instructions or comments: Bill To Jamestown Tribe	
Type of Sample (must check only one box of #1 through #4 listed below)				
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes X No Chlorine Residual: Total Free		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Chlorinated: Yes No Chlorine Residual: Total Free		
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other S Public systems must provide source number from WFI				
4. <input type="checkbox"/> Sample Collected for Information Only Investigative Construction / Repairs Other				
LAB USE ONLY		DRINKING WATER RESULTS		LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory		
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture				
RECEIVED JUN 13 2011 U.S. EPA REGION 10 CRITICAL WATER AND WATERSHEDS				
Bacterial Density Results: Plate Count Total Coliform /100ml. Fecal Coliform /100ml. E. coli /100ml.				
Method Code: MICR- 2720 18159			Date and Time Received: 6/6/11 12:17	
Date Analyzed: 6-6-11			Date Reported: 6-7-11	
Sample Number (DOH number plus five digits) 092- 18159			Lab Use Only: eml	



Clallam County Environmental Health & Human Services
223 E. 4th St. Port Angeles, WA 98127
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 6/6/11 Month Day Year	Time Sample Collected 10:08 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam
--	--	--------------------------

Type of Water System (check only one box)

☐ Group A

☐ Group B

☒ Other **NTNC**

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name:

7 Cedars Casino

Contact Person:

Jeff Becker

Day Phone: ()

681-4602

Cell Phone: ()

Eve. Phone: ()

FAX: ()

Send results to: (Print full name, address and zip code)

Jamestown Tribe

1033 Old Blyn Hiway

Sequim WA. 98382

SAMPLE INFORMATION

Sample collected by (name):

Rich Camporini

Specific location where sample collected:

CA-03 Kitchen Sink

Special instructions or comments:

Bill To Jamestown Tribe

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Chlorinated: Yes ☒ No ☐

Chlorine Residual: Total ☐ Free ☐

3. Raw Water Source Sample

☐ E. coli GWR source sample

☐ Fecal Surface, GWI, some springs

☐ Other

S

Public systems must provide source number from WFI

2. Repeat Sample (after unsat. routine)

☐ Distribution System

☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number:

Unsatisfactory routine collect date:

Chlorinated: Yes ☐ No ☐

Chlorine Residual: Total ☐ Free ☐

4. ☐ Sample Collected for Information Only

Investigative ☐

Construction / Repairs ☐

Other ☐

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and

☐ E. coli present

☐ E. coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☒ Satisfactory

Replacement Sample Required:

☐ Sample too old (>30 hours)

☐ TNTC

☐ Improper Container

☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E. coli ☐ /100ml.

Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code:

MICR- 2720

Date Analyzed:

Sample Number (DOH number plus five digits)

092-

DOH Form #331-319 (revised 11/10)

Date and Time Received:

6/6/11 12:17

Date Reported:

6-7-11

Lab Use Only:

AMH



Clallam County Environmental Health Lab
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 5/3/11 Month Day Year		Time Sample Collected 9:31 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other NTNC						
Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO						
Contact Person: JEFF BECKER						
Day Phone: () 681-4602		Cell Phone: ()				
Eve. Phone: ()		FAX: ()				
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA. 98382						
SAMPLE INFORMATION						
Sample collected by (name): JEFF BECKER						
Specific location where sample collected: CA-05 MAIN BAR SINK		Special instructions or comments: BILL TO JAMESTOWN TRIBE				
Type of Sample (must check only one box of #1 through #4 listed below)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>		2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>				
3. Raw Water Source Sample <input type="checkbox"/> E. coli GWR source sample <input type="checkbox"/> Fecal Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <small>Public systems must provide source number from WFI</small>		S				
S						
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____						
LAB USE ONLY		DRINKING WATER RESULTS	LAB USE ONLY			
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture						
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.						
Method Code: MICR- 2720		Date and Time Received: 5/3/11 11:10 AM				
Date Analyzed: 5-3-11		Date Reported 5/4/11				
Sample Number (DOH number plus five digits) 092- 1 7 8 8 0		Lab Use Only: BANK				



Clallam County Environmental Health
223 E. 4th St. Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected

5 / 3 / 11

Month Day Year

Time Sample Collected

9:38

☒ AM
☐ PM

County

CLALLAM

Type of Water System (check only one box)

☐ Group A

☐ Group B

☒ Other NTNC

Group A and Group B Systems Provide from Water Facilities Inventory (WFI):

ID# I H 3 8 2 6

System Name:

7 CEDARS CASINO

Contact Person:

JEFF BECKER

Day Phone: ()

681-4602

Cell Phone: ()

Eve. Phone: ()

FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE

1033 OLD Blyn Hiway

SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name):

JEFF BECKER

Specific location where sample collected:

CA-03 KITCHEN SINK

Special instructions or comments:

BILL TO JAMESTOWN TRIBE

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Chlorinated: Yes ☒ No ☐

Chlorine Residual: Total ☐ Free ☐

3. Raw Water Source Sample

☐ E. coli GWR source sample

☐ Fecal Surface, GWI, some springs

☐ Other

S

Public systems must provide source number from WFI

2. Repeat Sample (after unsat. routine)

☐ Distribution System

☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number:

Unsatisfactory routine collect date:

Chlorinated: Yes ☐ No ☐

Chlorine Residual: Total ☐ Free ☐

4. ☐ Sample Collected for Information Only

Investigative ☐

Construction / Repairs ☐

Other ☐

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and

☐ E. coli present

☐ E. coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☒ Satisfactory

Replacement Sample Required:

☐ Sample too old (>30 hours)

☐ TNTC

☐ Improper Container

☐ Turbid culture

Bacterial Density Results: Plate Count

/ml. E. coli

/100ml.

Total Coliform /100ml.

Fecal Coliform

/100ml.

Method Code:

MICR- 2720

Date and Time Received:

5/3/11 11:10 AM

Date Analyzed:

5-3-11

Date Reported:

5-4-11

Sample Number (DOH number plus five digits)

092-

17881

Lab Use Only:

GW

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-weight: bold;">4/5/11</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-weight: bold;">9:04</div> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM </div>	County <div style="font-size: 1.5em; font-weight: bold;">CLALLAM</div>
Type of Water System (check only one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public </div> <div> <input type="checkbox"/> Private Household <input checked="" type="checkbox"/> Other <u>NTNC</u> </div> </div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u> System Name: <u>7 CEDARS CASINO</u>		
Contact Person: <u>JEFF BECKER</u>		
Day Phone: () <u>681-4602</u>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <u>JAMESTOWN TRIBE</u> <u>1033 OLD Blyn Hiway</u> <u>SEQUIM WA 98382</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>JEFF BECKER</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-03 MAIN KITCHEN SINK</u>		
Special instructions or comments: <u>* BILL TO JAMESTOWN TRIBE</u>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;">S</div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent </div> <div style="width:45%; text-align: center;"> <input checked="" type="checkbox"/> Satisfactory </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ </div> <div style="width:45%; text-align: center;"> <div style="border: 2px solid red; padding: 10px; font-size: 1.5em; font-weight: bold; color: red;">RECEIVED</div> <div style="margin-top: 5px;"> Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS </div> </div> </div>		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- 2720		Date and Time Received: <div style="font-size: 1.2em; font-weight: bold;">4-5-11 10:46 AM</div>
Date Analyzed: <u>4-5-11</u>		Date Reported: <u>4-5-11</u>
092 <u>17589</u> Sample Number (DOH number plus five digits)		Lab Use Only: <u>BMP</u>

Clallam County Environmental Health

223 E. 4th St. Suite 14
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(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 4/5/11 Month Day Year	Time Sample Collected 9:12 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam
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Type of Water System (check only one box)

- ☐ Group A Public ☐ Private Household
☐ Group B Public ☒ Other **NTNC**

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 6**

System Name: **7 CEDARS CASINO**

Contact Person: **JEFF BECKER**

Day Phone: () **681-4602** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE
1033 OLD Blyn Hwy
SEQUIM WA 98382

SAMPLE INFORMATION

Sample collected by (name): **JEFF BECKER**

Specific location where sample collected (address or sample site, and type of faucet):

CA-DS CASINO MAIN BAR SINK

Special instructions or comments:

*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Provide information below.

Chlorinated: Yes ☒ No ☐

Chlorine Residual: Total ☐ Free ☐

3. ☐ Raw Water Source Sample

Required for Surface Water, GWI, and some Spring Sources

S

Public Systems must provide Source Number from (WFI)

2. ☐ Repeat Sample (follow-up to an unsatisfactory sample)

Provide information below.

Unsatisfactory routine lab number:

Unsatisfactory routine collect date:

Chlorinated: Yes ☐ No ☐

Chlorine Residual: Total ☐ Free ☐

4. ☐ Sample Collected for Information Only

Construction ☐ Repairs ☐ Private Residence ☐ Other ☐

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

☐ Unsatisfactory

Total Coliform Present and

☐ E.coli present

☐ E.coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☐ Replacement Sample Required

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐

Test unsuitable because:

☐ TNTC

☐ Turbid culture

☐ U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.

Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code:

MICR- 2 7 2 0

Date and Time Received:

4-5-11 10:40 AM

Date Analyzed:

4-5-11

Date Reported:

4-6-11

Lab Use Only:

BMD

092 **17590**

Sample Number (DOH number plus five digits)

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: monospace;">3 1 1 1</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: monospace;">9 : 45</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-family: monospace;">CLALLAM</div>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other <u>NTNC</u>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u> System Name: <u>7 CEDARS CASINO</u> Contact Person: <u>JEFF BECKER</u> Day Phone: <u>(360) 681-4602</u> Cell Phone: () Eve. Phone: () FAX: ()		
Send results to: (Print full name, address and zip code) <u>JAMESTOWN TRIBE</u> <u>1033 OLO Hiway</u> <u>SEQUIM WA 98382</u>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.2em; font-family: monospace;">JEFF BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.2em; font-family: monospace;">CA-05 @ MAIN BAR SINK</div>		
Special instructions or comments: <div style="font-size: 1.2em; font-family: monospace;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;">S</div>	Public Systems must provide Source Number from (WFI)	
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent <input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____ </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Satisfactory <div style="border: 2px solid red; padding: 10px; margin-top: 10px; text-align: center;"> <div style="font-size: 2em; font-family: monospace; color: red;">RECEIVED</div> <div style="font-size: 1.5em; font-family: monospace; color: red;">MAR - 4 2011</div> </div> <div style="font-size: 0.8em; font-family: monospace; color: red; margin-top: 5px;"> U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS </div> </div> </div>		
Bacterial Density Results: Plate Count Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- 2 7 2 0		Date and Time Received: <div style="font-size: 1.2em; font-family: monospace;">3-1-11 11:25 Am</div>
Date Analyzed: <div style="font-size: 1.2em; font-family: monospace;">3-1-11</div>		Date Reported: <div style="font-size: 1.2em; font-family: monospace;">3-2-11</div>
092 <div style="font-size: 1.2em; font-family: monospace;">17313</div> <small>Sample Number (DOH number plus five digits)</small>		Lab Use Only: <div style="font-size: 1.2em; font-family: monospace;">omp</div>

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-family: cursive;">3/1/11</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-family: cursive;">9:37</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-family: cursive;">CLALLAM</div>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other <div style="font-size: 1.2em; font-family: cursive;">NTNC</div>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <div style="font-size: 1.5em; font-family: cursive;">I H 3 8 2 4</div> System Name: <div style="font-size: 1.5em; font-family: cursive;">7 CEDAR CASINO</div> Contact Person: <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div> Day Phone: <div style="font-size: 1.5em; font-family: cursive;">(360) 681-4602</div> Cell Phone: () Eve. Phone: () FAX: ()		
Send results to: (Print full name, address and zip code) <div style="font-size: 1.5em; font-family: cursive;">JAMESTOWN TRIBE</div> <div style="font-size: 1.5em; font-family: cursive;">1033 OLD Blyn Hwy</div> <div style="font-size: 1.5em; font-family: cursive;">SEQUIM WA 98382</div>		
SAMPLE INFORMATION		
Sample collected by (name): <div style="font-size: 1.5em; font-family: cursive;">JEFF BECKER</div>		
Specific location where sample collected (address or sample site, and type of faucet): <div style="font-size: 1.5em; font-family: cursive;">CA-03 MAIN KITCHEN SINK</div>		
Special instructions or comments: <div style="font-size: 1.5em; font-family: cursive;">* BILL TO JAMESTOWN TRIBE</div>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 1.2em; font-family: cursive;">S</div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory <div style="border: 2px solid red; padding: 10px; text-align: center; color: red; font-weight: bold; font-size: 1.5em;"> RECEIVED MAR - 4 2011 U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS </div>
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: <div style="font-size: 1.2em; font-family: cursive;">MICR-2720</div>	Date and Time Received: <div style="font-size: 1.2em; font-family: cursive;">3-1-11 11:25 AM</div>	
Date Analyzed: <div style="font-size: 1.5em; font-family: cursive;">3-1-11</div>	Date Reported: <div style="font-size: 1.2em; font-family: cursive;">3-2-11</div> Lab Use Only: <div style="font-size: 1.2em; font-family: cursive;">BMP</div>	
Sample Number (DOH number plus five digits) <div style="font-size: 1.2em; font-family: cursive;">092 17314</div>		

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 2/1/11 Month Day Year	Time Sample Collected 9:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County CLALLAM
--	--	--------------------------

Type of Water System (check only one box)

☒ Group A Public

☐ Private Household

☐ Group B Public

☐ Other **NTNC**

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# **I H 3 8 2 4**

System Name: **7 CEDARS CASINO**

Contact Person: **JEFF BECKER**

Day Phone: () **681-4602** Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE

1033 OLD Blyn Hiway

SEASIDE WA 98382

SAMPLE INFORMATION

Sample collected by (name):

JEFF BECKER

Specific location where sample collected (address or sample site, and type of faucet):

CA-05 MAIN BAR SINK

Special instructions or comments:

*** BILL TO JAMESTOWN TRIBE**

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample

Provide information below.

Chlorinated: Yes ☒ No ☐

Chlorine Residual: Total ☐ Free ☐

2. ☐ Repeat Sample (follow-up

to an unsatisfactory sample)

Provide information below.

Unsatisfactory routine lab number:

3. ☐ Raw Water Source Sample

Required for Surface Water, GWI, and some Spring Sources

S

Public Systems must provide Source Number from (WFI)

Unsatisfactory routine collect date:

Chlorinated: Yes ☐ No ☐

Chlorine Residual: Total ☐ Free ☐

4. ☐ Sample Collected for Information Only

Construction ☐ Repairs ☐ Private Residence ☐ Other ☐

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory

Total Coliform Present and

☐ E.coli present

☐ E.coli absent

☐ Fecal coliform present

☐ Fecal coliform absent

☐ Replacement Sample Required

Sample not tested because:

☐ Sample too old (>30 hours)

☐ Improper Container

☐

Test unsuitable because:

☐ TNTC

☐ Turbid culture

☐

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.

Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code:

MICR- 2 7 2 0

Date and Time Received:

2/1/11 11:15 Am

Date Analyzed:

2-1-11

Date Reported:

2-2-11

092 **17092**

Sample Number (DOH number plus five digits)

Lab Use Only:

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-weight: bold;">2 / 1 / 11</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-weight: bold;">9:36</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-weight: bold;">CLALLAM</div>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other <u>N/TNC</u>		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>I H 3 8 2 6</u> System Name: <u>7 CEDARS CASINO</u> Contact Person: <u>JEFF BECKER</u>		
Day Phone: () <u>681-4602</u>		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) <u>JAMESTOWN TRIBE</u> <u>1033 OLD Blyn Hiway</u> <u>SEQUIM WA 98382</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>JEFF BECKER</u>		
Specific location where sample collected (address or sample site, and type of faucet): <u>CA-03 MAIN KITCHEN SINK</u>		
Special instructions or comments: <u>* BILL TO JAMESTOWN TRIBE</u>		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes <u>X</u> No _____ Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;">S</div>		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		<input type="checkbox"/> Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <div style="border: 2px solid red; padding: 5px; transform: rotate(-2deg); color: red; font-weight: bold; font-size: 1.2em;"> RECEIVED FEB - 8 2011 U.S. EPA REGION 10 OFFICE OF WATER AND WATERSHEDS </div>
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- 2 7 2 0 _ _		Date and Time Received: <div style="font-size: 1.5em; font-weight: bold;">2/1/11 11:15 AM</div>
Date Analyzed: <u>2-1-11</u>		Date Reported: <u>2-2-11</u>
<u>092 17093</u> Sample Number (DOH number plus five digits)		Lab Use Only:

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>1 14 11</u> Month Day Year	Time Sample Collected <u>9:32</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>CLALLAM</u>
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Type of Water System (check only one box)

<input type="checkbox"/> Group A Public	<input type="checkbox"/> Private Household
<input type="checkbox"/> Group B Public	<input checked="" type="checkbox"/> Other <u>NTNC</u>

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# I H 3 8 2 6

System Name: 7 CEDARS CASINO

Contact Person: JEFF BECKER

Day Phone: () 681-4602 Cell Phone: ()

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)

JAMESTOWN TRIBE
1033 OLD Blyn Hiway
SEQUIM WA. 98382

SAMPLE INFORMATION

Sample collected by (name): JEFF BECKER

Specific location where sample collected (address or sample site, and type of faucet):
CA-05 main BAR SINK

Special instructions or comments:
* BILL TO JAMESTOWN TRIBE

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total _____ Free _____</p>	<p>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____</p>			
<p>3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <table border="1" style="display: inline-table;"><tr><td>S</td><td></td><td></td></tr></table></p> <p>Public Systems must provide Source Number from (WFI)</p>	S			
S				

4. ☐ **Sample Collected for Information Only**
Construction _____ Repairs _____ Private Residence _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<p><input type="checkbox"/> Unsatisfactory Total Coliform Present and</p> <p><input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent</p> <p><input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent</p>	<p><input checked="" type="checkbox"/> Satisfactory</p>
--	--

☐ **Replacement Sample Required**

Sample not tested because:	Test unsuitable because:
<input type="checkbox"/> Sample too old (>30 hours)	<input type="checkbox"/> TNTC
<input type="checkbox"/> Improper Container	<input type="checkbox"/> Turbid culture
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR- 2 7 2 0 Date and Time Received: 1-4-11 11:00 AM

Date Analyzed: 1-4-11 Date Reported: 1-5-11

092 116836 Lab Use Only: BMP

Sample Number (DOH number plus five digits)

DOH Form #331-319 (revised 8/05)

Clallam County Environmental Health

223 E. 4th St. Suite 14
Port Angeles, WA 98362
(360) 417-2334

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <div style="font-size: 1.5em; font-weight: bold;">1/4/11</div> Month Day Year	Time Sample Collected <div style="font-size: 1.5em; font-weight: bold;">9:24</div> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <div style="font-size: 1.5em; font-weight: bold;">CLALLAM</div>
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input checked="" type="checkbox"/> Other NTNC		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# I H 3 8 2 6 System Name: 7 CEDARS CASINO Contact Person: JEFF BECKER		
Day Phone: () 681-4602		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Send results to: (Print full name, address and zip code) JAMESTOWN TRIBE 1033 OLD Blyn Hiway SEQUIM WA 98382		
SAMPLE INFORMATION		
Sample collected by (name): JEFF BECKER		
Specific location where sample collected (address or sample site, and type of faucet): CA-03 MAIN KITCHEN SINK		
Special instructions or comments: * BILL TO JAMESTOWN TRIBE		
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Provide information below. Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">S</div>		
<small>Public Systems must provide Source Number from (WFI)</small>		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container <input type="checkbox"/> _____		
Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR-2 2 2 0		Date and Time Received: 1-4-11 11:00 AM
Date Analyzed: 1-4-11		Date Reported: 1-5-11
092 16837 <small>Sample Number (DOH number plus five digits)</small>		Lab Use Only: BMP

